PTO/SBOS (08-03)
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Updat the Percental Reduction Act of 1995, no persons are required to expend to a softentian of information enters it displays a visit Offic control numb PATENT APPLICATION FEE DETERMINATION RECORD Application to pooled Number Substitute for Form PTO-875									
CLAIMS AS FILED - PART ((Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THEN BMALL ENTITY	
FOR · MUMBER FILED			MATACRE	NATACRER EDGRA		FEE		RATE	FEE
BASIC FEE (#7 CFR 1.14(4))					RATE		OR		- YEE
TOTAL CLAMS 97 CFR 1.16(4)	minus 20 + •			x•		O/R	x 9=		
BIDEPENDENT CLAIMS OF CFR 1.1000)	minus 3 e				x &•		OR	x 8	
MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1,1600)					••		OR	+8	
"The difference in column 1 is loss than zero, eater "O" in column 2.					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									
718-06 (Column 1) (Column 2) (Column 3)				SMALL (NTITY	CR		R THAN ENTITY	
	CLAIMS ENAMINO AFTER MENOMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	. RATE	ADDI- TIONAL FIEE		RATE	AOO+ TIONAL FEE
Total or crit vieto	20	Minus	do	·—	x & •		OR	x &	-
Digitosugasi	<u>.3</u>	Minus	<u> </u>	_نب	x *		QR	× 4 •	
PREST PRESENTATION OF MALTIPLE CEPTIONDUT CLAIM (ST CFR 1.10(0))					••_•		OR	• • •	
• 5 40					ADD1 FEE	•	'ORI	TOTAL ADDL FEE	2
2-0-0/	CLANG		(Column 2)	(Cotumn 3)	·		1		
	EMAINING . AFTER LENDWENT		MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOH TIONAL FEE
2 10th 1.	MAL	Minus	**	•	x 2	•	OR	×	•••
A suppression of the contract	:	MENUE	960	•	× 9	*	OR	x 9	
FREST PRESSESTATION OF MATTIFUE DEPRENDENT CLAM GOT CITA LINES							OR	••	
					TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
8-17-03	CAUTIN 1)		· (Cotumn 2)	(Cotumn 3)					
U R	CLAIMS EMARING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	26	Minus	-26	·	X &	-	OR	X 8	
C (begebragus	3	Minus	" 3	•	X8		OR	X 8a	
FRUIT PRESENTATION OF MULTIPLE DEPENDENT OLAM (37 CFR 1.140)							OR	+ = ==	
YÓT							OR	TOTAL .	
* If the entry in column 1 is less (but the entry in column 2, write 'V' in column 3. ** If the "rightest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20". *** If the "rightest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".									

The Neighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 3f CPR 1.16. The information is required to obtain or relatin a benefit by the public which is to the land by the USPTO to process) on application. Confiderability is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitted to process page statement to USPTO. Firms will very depending upon the individual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this-bainden, should be sent to the Chief information Officer, U.S. Patent and Tradement Office, U.S. Ospertment of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Converts stoner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.